

Case Number:	CM13-0023792		
Date Assigned:	03/03/2014	Date of Injury:	07/12/2011
Decision Date:	05/29/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 28 year old male patient s/p injury 1/12/11. The patient was seen 8/12/13 with continued persistent headaches and back pain. He has noted hair loss in patches throughout his hair. He has paralumbar tenderness, muscle spasms, limited lumbar range of motion with pain, and diminished sensation in the S1 nerve root distribution. The diagnostic impression included thoracic and lumbar disc herniation, radiculitis, chronic headaches s/p closed head injury, hair loss, and vision disturbances. Neurology consult is requested for chronic headaches. Medications include cyclobenzaprine, diclofenac, tramadol, omeprazole, and topical cream. A 9/10/13 note indicates that he continues to have significant pain without improvement.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

NEUROLOGY REFERRAL FOR PERSISTENT HEADACHES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), CHAPTER 7 INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, 127, 156.

Decision rationale: CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. However, it is unclear that diagnostic evaluation and therapeutic management has been attempted by the treating physician. There is no clear description of the patient's headaches including onset, duration, severity, quality, exacerbating factors, relieving factors. The request is not medically necessary.